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** CONTINUING DATA ***** This appln claims benefit of 60/529,680 12/15/2003 <i>umc</i>					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED <i>None</i> ** 04/28/2004					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Allowance <i>umc</i> Verified and Acknowledged <u> </u> Examiner's Signature Initials		STATE OR COUNTRY MN	SHEETS DRAWING 2	TOTAL CLAIMS 21	INDEPENDENT CLAIMS 3
ADDRESS 27581					
TITLE Heart model					
FILING FEE RECEIVED 918	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		